



ENTRON SECURITY SERVICES

## Daily Security Report

Client No. <b>2036</b>		Client Name <b>04 Materials</b>				Location <b>1002 Oswego ST</b>		Date <b>6/3/84</b>			
Facility Equipment <b>1</b>	Detax Clock <b>1</b>	Weapon No.	Holster	Nightstick	Raincoat	Flashlight	Other <b>Keys + Logbook</b>				
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.			Officer—Day Shift (Name) <b>Robert Decker</b>			Officer—Swing Shift (Name) <b>ofc Del Vecchio</b>			Officer—Grave Shift (Name) <b>Dick Kokoszki</b>		
Shift			Shift			Shift			Shift		
Began <b>80</b> AM-PM			Ended <b>4</b> AM-PM			Began <b>4</b> AM-PM			Ended <b>120</b> AM-PM		
Observations or actions taken			Explanation			Observations or actions taken			Explanation		
Rounds or stations missed			✓			Rounds or stations missed			✓		
Unlocked doors, gates or windows			✓			Unlocked doors, gates or windows			✓		
Unlocked vaults or safes			✓			Unlocked vaults or safes			✓		
Fire-smoke-or hazards			✓			Fire-smoke-or hazards			✓		
1. Extinguishers missing or defective			✓			1. Extinguishers missing or defective			✓		
2. Sprinkler system defective			✓			2. Sprinkler system defective			✓		
3. Fire doors or exits blocked			✓			3. Fire doors or exits blocked			✓		
4. Rubbish accumulation			✓			4. Rubbish accumulation			✓		
5. Motors running			✓			5. Motors running			✓		
6. Lights left burning			✓			6. Lights left burning			✓ AS required		
Injury hazards			✓			Injury hazards			✓ LIGHTS out 0530		
Visitors			✓			Visitors			✓ OHM & EPA MENV OR		
Trespassing			✓			Trespassing			✓ SITE		
Violation of company rules			✓			Violation of company rules			✓		
Remarks											
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.											
1. Were you injured during this tour?			Day Shift 1. Yes <input checked="" type="radio"/> No <input type="radio"/>			2. Yes <input type="radio"/> No <input type="radio"/>			3. Yes <input type="radio"/> No <input type="radio"/>		
2. Did you suffer any illness?			Day Shift 1. Yes <input checked="" type="radio"/> No <input type="radio"/>			2. Yes <input type="radio"/> No <input type="radio"/>			3. Yes <input type="radio"/> No <input type="radio"/>		
3. Have you reported all accidents coming to your attention?			Day Shift 1. Yes <input checked="" type="radio"/> No <input type="radio"/>			2. Yes <input type="radio"/> No <input type="radio"/>			3. Yes <input type="radio"/> No <input type="radio"/>		
Signatures			1. <b>Robert Decker</b>			Signatures			1. <b>ofc Del Vecchio</b>		
Signatures			2.			Signatures			2. <b>Dick Kokoszki</b>		
Signatures			3.			Signatures			3.		

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